

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 13 AM 8:44

DOCUMENT # P01000038405

1. Corporation Name

DORAL ASSET CORP.

2. Principal Office Address

11211 NW 71 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

US

3. Mailing Office Address

11211 NW 71 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

US

REINSTATEMENT 02-06
CORPORATION (205)

4. Date Incorporated or Qualified To Do Business in Florida

04/17/2001

5. FEI Number

72-1610506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARBARA MORAT

Street Address (P.O. Box Number is Not Acceptable)

11211 NW 71 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Barbara Morat

Date

01/11/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MIRTA S. MINO	11211 NW 71 ST	MIAMI, FL 33178
ST	BARBARA MORAT	11211 NW 71 ST	MIAMI, FL 33178

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barbara Morat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA MORAT / SECRETARY

01/16/06

Date

308-4716119

Daytime Phone #